

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject

Primary Care Services

**Policy
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A-67

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Purpose

To establish a governing policy for the provision of primary care services to legal residents of San Diego County which are financed totally or partially by County funds.

Background

Since 1971, the County of San Diego has contracted with community clinics for the purchase of diagnostic, therapeutic and preventive services for indigent and employed low-income residents of the county. This action is undertaken to increase access to primary care services and avoid the inappropriate use of emergency rooms. Financial support for primary care services for eligible medically indigent or low-income residents is consistent with Section 17001 of the Welfare and Institutions Code. In addition, community clinics assist the County in its overall mandate to prevent the spread of communicable and infectious diseases pursuant to Section 3150 of the Health and Safety Code.

On May 10, 1977 (83), the Board of Supervisors adopted Board Policy A-67 which formalized the relationship between the Department of Public Health and community clinics. In 1979, as part of the Department of Health Services reorganization, the Division of Primary Care Services was created to administer those agreements related to primary care services, including those agreements formerly administered by the Department of Social Services. In 1997, the Departments of Health Services and Social Services were combined into the Health and Human Services Agency (HHSA). As a result, community clinic contracts for the provision of primary care services are now administered by the Medical Care Program Administration section of HHSA.

This policy governs the use of County funds, regardless of source, for the provision of primary care services in community clinics. The absence of County support would impose an undue hardship on medically indigent or low-income residents by reducing their access to primary medical care. It would also increase the burden on hospitals within the county by shifting thousands of non-emergency patients into emergency rooms resulting in a situation that could jeopardize the true emergency patient. The subsequent outcome would be a significant decline in health status; increased mortality from preventable causes; increased utilization of hospitals (by postponing care until hospitalization becomes necessary); and an adverse fiscal impact on the county's health system.

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Definition

For the purpose of this policy, the terms “medically indigent or low-income” shall mean those legal county residents who meet at least one of the following conditions:

1. Individuals and families who meet the financial eligibility standards of Medi-Cal, but are otherwise ineligible; or
2. Employed low-income individuals and families who are responsible for a portion of the cost of care as determined by an HHSA approved sliding fee scale; or
3. Low-income individuals and families who do not meet the eligibility requirements of other subsidized medical programs; do not have the financial resources to pay the full cost of services; and do not have health insurance or access to other primary care services.

Policy

It is the policy of the Board of Supervisors to financially support the provision of primary care services to eligible medically indigent or low-income uninsured residents of the county as defined above. This shall be accomplished through the purchase of these services, by contract, from community clinics or other similar providers.

Procedure

The HHSA shall implement or maintain the following actions in support of this policy.

1. Support the patient referral network between inpatient facilities, community clinics and other health care providers, through maximum utilization of existing HHSA programs and County funded resources; and to provide these services in the most cost effective and efficient manner.
2. Support cost effective programs for those community clinics receiving County funds.
3. Maintain and support quality health care programs in conjunction with community clinics and the Council of Community Clinics, as well as other appropriate agencies.
4. Annually fund primary care services from the General Fund utilizing available funds, regardless of source, to offset as much of the cost as possible.
5. Maintain and support assessment of the primary care health needs of indigent county residents. HHSA shall report annually to the Board of Supervisors on the health status and access to care for these residents.

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6. Continue monitoring the performance of county contracted community clinics regarding compliance with the terms and conditions of the agreements.

Sunset Date

This policy will be reviewed for continuance by 12-31-06.

Board Action

5-10-77 (83)
11-24-81 (19)
10-20-84 (89)
12-13-88 (73)
5-15-96 (11)
9-18-01 (3)